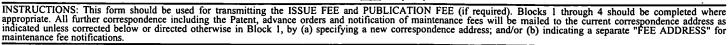
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Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450





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APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/654,899 09/05/2003 Jun Ohtani 67161-092 6809

TITLE OF INVENTION: SEMICONDUCTOR MEMORY DEVICE WITH WORD LINE SHIFT CONFIGURATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATI	ON FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$300		\$1630	06/14/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS			
YOHA, CONNIE C		2818		365-201000			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> <li>ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON TOWNS AND TOW</li></ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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